

MAR 30 2006

**FAX TRANSMISSION**

**DATE:** March 30, 2006  
**CLIENT NO.:** K2020.0005  
**MESSAGE TO:** Examiner James J. Leybourne  
**COMPANY:** USPTO; Art Unit 2881  
**FAX NUMBER:** (571) 273-8300  
**PHONE:** (571) 262-2478  
**FROM:** Peter A. Veytsman  
**PHONE:** 202-777-2592

**PAGES (Including Cover Sheet):** 25**HARD COPY TO FOLLOW:** ☐ YES ☒ NO

Please file the attached Amendment (20 pages), Amendment Transmittal Letter, Petition for Extension of Time, Fee Transmittal and Credit Card Payment Form in U.S. Patent Application No. 10/790,763, filed on March 3, 2004. Pursuant to 37 C.F.R. § 1.8, the undersigned hereby certifies that the attached documents are being transmitted by facsimile to the U.S. Patent and Trademark Office on March 30, 2006.

A handwritten signature in cursive script, appearing to read "Peter A. Veytsman".

Peter A. Veytsman, Reg. No. 45,920

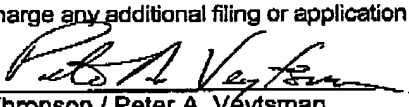
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1738813 v1: 119\_D011.DOC  
1738813 v1: 119\_D011.DOC  
DSMDB.2057266.1

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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. <b>K2020:0005/P005</b>	
Application No. 10/790,763	Filing Date March 3, 2004	Examiner J. J. Leybourne	Art Unit 2881	
Applicant(s): Kunio Moriyama et al.				
Invention: PARTICLE BEAM THERAPY SYSTEM				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	18	- 30 =	0	x
Independent Claims	7	- 11 =	0	x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				1,020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>1,020.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. <u>04-1073</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Mark J. Thronson / Peter A. Veytsman Attorney/Agent Reg. No.: 33,082 / 45,920  DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742			Dated: <u>March 30, 2006</u>	

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PTO/SB/17 (01-08)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/790,763
		Filing Date	March 3, 2004
		First Named Inventor	Kunio Moriyama
		Examiner Name	J. J. Leybourne
		Art Unit	2881
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	K2020.0005/P005
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,020.00		

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity</b>
							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			<b>Multiple Dependent Claims</b>	
18	-30 = 0	x				<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
7	-11 = 0	x					
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
	-100 =	/50	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00

<b>SUBMITTED BY</b>			
Signature	<i>Peter A. Veytsman</i>	Registration No. (Attorney/Agent)	33,082 / 45,920
Name (Print/Type)	Mark J. Thronson / Peter A. Veytsman	Telephone	(202) 776-4742
		Date	March 30, 2006

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